

Georgia Board of Nursing – NLC Conversion Application for Existing Georgia Licensees

Registered Nurses and Licensed Practical Nurses who hold an active Georgia license and meet certain requirements are eligible to apply for multistate licensure. Once the Board grants the multistate license, the nurse can then engage in nursing practice in any of the Enhanced Nurse Licensure Compact states without having to obtain additional licenses. A list of states participating in the Nurse Licensure Compact is available at <https://www.nursecompact.com>.

Do not submit this application unless your Georgia license is active and unencumbered, and you declare Georgia as your primary state of residence; otherwise, Board staff will not proceed with review of your application and your application fee will not be refunded.

Not all nurses will be eligible for a multistate license. In order to be eligible, the nurse must submit an application, pay a fee, submit fingerprints for a federal criminal background check, and meet the requirements listed in the following section.

Records submitted at the time you were licensed may no longer be available for review by Board staff. Therefore, to determine whether you meet the requirements for the multistate license, Board staff may request additional information. In some cases, this will include but not be limited to: an official transcript; verification of international education by an independent credentials review agency; English proficiency examination results; or licensure verification information from another jurisdiction. **Only submit an application if you meet all requirements listed below – application fees are non-refundable.**

1. Meets Georgia's qualifications for licensure or renewal of licensure, as well as all other applicable state laws;
2. Has graduated from a licensing-board-approved RN or LPN/VN prelicensure education program;

OR

Has graduated from a foreign RN or LPN/VN pre-licensure education program that:

- a. has been approved by the authorized accrediting body in the applicable country and
- b. has been verified by an independent credentials review agency to be comparable to a Board approved nursing education program;

3. Has successfully passed an English proficiency examination that includes the components of reading, speaking, writing and listening; if a graduate of a foreign pre-licensure education program not taught in English or if English is not the individual's native language;
4. Has successfully passed an NCLEX-RN® or NCLEX-PN® Examination or State Board Test Pool Examination, as applicable;
5. Holds an active, unencumbered license;
6. Has submitted fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the Georgia Bureau of Investigations;
7. Has not been convicted or found guilty, or entered into an agreed disposition, of a felony offense under applicable state or federal criminal law;
8. Has not been convicted or found guilty, or entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing as determined on a case-by-case basis;
9. Is not currently enrolled in an alternative program;
10. Is subject to self-disclosure requirements regarding current participation in an alternative program;
11. Has a valid United States Social Security number; and
12. Declares Georgia as the primary state of residence.

Please follow these easy steps to ensure that your application is processed as quickly as possible.

1. Complete the application in its entirety. Indicate N/A for any blanks that are not applicable.
2. Include a check or money order payable to the Georgia Board of Nursing in the amount of \$50.00. Please note that application fees are non-refundable.
3. To be eligible to obtain a multistate license from the State of Georgia, you must declare Georgia as your primary state of residence. If you do not have a current Georgia mailing address, you must provide a legible, copy of one of the following documents:
 - a. Driver's license with a home address;
 - b. Voter registration card displaying a home address;
 - c. Federal income tax return declaring the primary state of residence;
 - d. Military Form No. 2058 (state of legal residence certificate); and/or
 - e. W2 from US Government or any bureau, division or agency thereof indicating the state of residence.
4. The Board requires applicants to disclose all previous arrests and discipline by other regulatory boards. If you have ever been arrested or disciplined by any other regulatory board or agency please provide a certified copy of the official documents showing the final disposition of the incident as well as a personal, detailed letter of explanation regarding each incident. To avoid processing delays please submit all documentation as part of your application packet.
5. Georgia law requires applicants to submit secure and verifiable documentation regarding their United States citizenship status. Submit a copy of your driver's license, United States passport or other document as indicated on page 2 of the application packet. To avoid processing delays please submit the required documentation as part of your application packet.
6. Have your completed and signed application notarized.
7. Georgia law requires applicants for licensure to complete a criminal background check. Please visit the Board's website at www.sos.ga.gov/plb/nursing, click on "Licensure" and view the instructions for completing a criminal background check by fingerprinting.
8. Mail your completed application to the Georgia Board of Nursing for processing. Applications are processed in the order in which they are received. To avoid processing delays please be sure to include all required documentation with your application packet. Applications are valid for one year from the date of submission. When mailing your application please use a 9x12 envelope and do not fold or staple any of the documents.



Georgia Board of Nursing
237 Coliseum Drive
Macon, Georgia 31217
(844) 753-7825 www.sos.ga.gov/plb/nursing

**Application for Multistate
Conversion for Existing Licensees
Non Refundable Application Fee: \$50.00**

Date Entered _____
Receipt # _____
Submitted \$ _____
Certificate # _____
Date Issued _____

☐ Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

Georgia Licensure Information
Please Print Legibly or Type all Information

Georgia License Number:

Demographic Information

Last Name:	First Name:
Middle Name:	Previous Name(s):
Social Security Number:	Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email:

Physical Address Information – Applicants must provide a physical address of record.
A post office box is not acceptable for this field.

Physical Address:

City:	State:	Zip:
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Mailing Address Information - Pursuant to O.C.G.A. §43-1-2(k), if issued a license, your mailing address and license number are public information and will appear on the Board's website. A post office box may be used for this field.

Mailing Address:

City:	State:	Zip:
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Phone:	Alternate Phone:
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Declaration of Primary State of Residency

To be considered for a multistate license, Georgia must be your primary state of residency.

I declare Georgia as my primary state of residency and I am providing a Georgia address. ☐ No ☐ Yes

If you do not have a current Georgia mailing address, you must provide one of the documents in the section titled Declaration of Primary State of Residence in the instructions. If Georgia is not your primary state of residence, you are not eligible for an Georgia multistate license.

Do you hold an active enhanced Nurse Licensure Compact multistate license in another state? ☐ No ☐ Yes
Please note, a nurse may only hold one multistate license. If you currently hold a multistate license in another jurisdiction and you are not changing your primary state of residency to Georgia you should not submit this application.

- 1) _____ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other lawful document.
- 2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

Under penalties of perjury, I understand that any false or misleading information in, or in connection with my application, may be cause for denial or revocation of licensure. In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia Board of Nursing and/or criminal prosecution.

Printed Name of Applicant

Applicant Signature

Sworn to and subscribed before me this _____ day of _____, 20_____.

Signature of Notary Public

Commission Expiration Date

- THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY -

Application Checklist

To ensure that your application is complete, please use the following checklist:

- Enclose a check or money order payable to the Georgia Board of Nursing in the amount of \$50.00. Remember—application fees are nonrefundable.
- Register for your criminal background check with Gemalto/GAPS.
- Mail your completed application to:

Georgia Board of Nursing
237 Coliseum Drive
Macon, Georgia 31217
844-753-7825
www.sos.ga.gov/plb/nursing

You may check your application status by visiting the Board's website at www.sos.ga.gov/plb/nursing and click on "Application Status."



GEORGIA BOARD OF NURSING

237 Coliseum Drive
Macon, Georgia 31217
(844) 753-7825

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Criminal Background Consent Form		
Last Name:		First Name:
Middle Name:		Previous Name(s):
Social Security Number:		Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:
Physical Address:		
City:	State:	Zip:

I hereby authorize the Georgia Board of Nursing ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Applicant Signature

Date

- THIS FORM MUST NOT BE SIGNED ELECTRONICALLY -